

Case Number:	CM14-0177952		
Date Assigned:	10/31/2014	Date of Injury:	06/25/2008
Decision Date:	12/08/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient suffered his injury on 6/25/08. He had surgical treatment of his neck injury with an anterior cervical decompression and fusion at C5-6 and foraminotomy at C5-6 and C6-7 and had the diagnosis of residual pain in his neck and left arm. His diagnoses were also s/p inguinal hernia surgery, anxiety, depression, chronic C6 damage and scar formation, C4-5 disc protrusion, and insomnia. He saw his PCP in September of 2014 and was noted to be experiencing chronic pain in his neck, mid back, and low back. He also complained of depression, anxiety, and insomnia. His med treatment included Norco, Fioricet, Voltaren, and topical creams for pain. His treatment prescription was home exercise, gym membership, Voltaren, Norco, Fiorinal, and topical creams. The UR refused to authorize the use of Norco, Volteran, and Fiorinal.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco (Hydrocodone/APAP) 10/325mg 1 po 4-6h prn #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication use Page(s): 75, 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations, 2- the employment of non opioid treatments such as relaxation techniques and mindfulness techniques, 3- the establishment of realistic goals, and 4- encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. We note that in the above patient chronic pain exists after surgical treatment and that he is also on NSAID medicine. Norco helps in treating the patient's chronic pain symptoms and he should be allowed to utilize it for treatment. Therefore, this request is medically necessary.

Fiorinal (Butalbital) 1 po q4-6 prn #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 3347 and Version 31.0 on Migraine treatment and Fred Taylor's article on treating tension headaches.

Decision rationale: Fiorinal is used to treat tension headaches and is a combination of Butalbital, Caffeine, and ASA. It can cause such side effects as confusion, depression, anxiety, headache, insomnia, rash, emesis, constipation, and weakness. It is usually not recommended for treatment of tension headaches by the Up to date review. It is noted that the use of butalbital is associated with the risk of developing tolerance, dependency, toxicity, and overuse headache. Initial treatment should be with either NSAID's or Acetaminophen. However, if treatments with these simple analgesics in combination with caffeine are not effective then Butalbital combination analgesics may be considered, but their use should be no more than 3 times per month because of their high risk of inducing the medication overuse headache syndrome. It is also noted by Up to date that both Butalbital containing medications and opioids should be avoided in the treatment of migraine headaches except as a last resort. There are no high quality studies supporting the use of either medicine for these type of headaches. Also, their use in acute migraine increases the risk for chronic migraine and medication overuse headache. The above patient is being treated with daily Fiorinal which is contraindicated because of the Butalbital component. Therefore, this request is not medically necessary.

Voltaren XR (Diclofenac ER) 100mg 1 po qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication use Page(s): 67, 69.

Decision rationale: The guidelines state that Voltaren and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. However, we also note that for treatment of chronic headaches NSAID's are often indicated and preferable to such medicine as Fiorinal. The above patient has already received maximum treatment with surgery and has chronic pain. He also suffers from chronic muscle headaches. No side effects from the medicine or contraindications for its use were noted. Therefore, the patient should be afforded the use of this medicine as part of his regimen to deal with the symptoms of chronic pain. Therefore, this request is medically necessary.